

Name
in
Full

Roland Breege

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Euston	Town	Tulbot County		MARYLAND	
Date of death	1905	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Blush	Birthplace	Euston, Md	
Occupation	~	Where Residing if not at place of death			~	
Married, Single or Widowed	Name of Wife or Husband		~		~	
Father's Name	Walter Coulson			Father's Birthplace	Md	
Mother's Maiden Name	Florence Breege			Mother's Birthplace	Euston, Md	
Name of person giving information	Chas. Breege			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Convulsions	X	How long	6 days
Immediate	Convulsions	X	How long	48 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Smith
Euston, Md

Accident or Suicide?



James Corkeraw						MARYLAND
Town		County				
Died at	Buckeystown	Talbot				
Date	1905	Month	2	Day	21	
		Age	75	M.	2	
		Married		Widow		Native of Talbot
		White		Widower		Occupation
		Colored				
		Sing.				Number of children living 51
Husband of	Sarah Corkeraw					
Wife						
Father's Name	Charles Corkeraw		Mother's Maiden Name	Elizabeth Price.		
Cause of Death	Primary	Lupus of Face	33	How long sick		
	Immediate	Erysipelas.		15 years		
Reported by	Joseph G Ross M.D.					
Address	Trapezival [redacted] St. So. M.D.					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Louisa E. St. Loraig

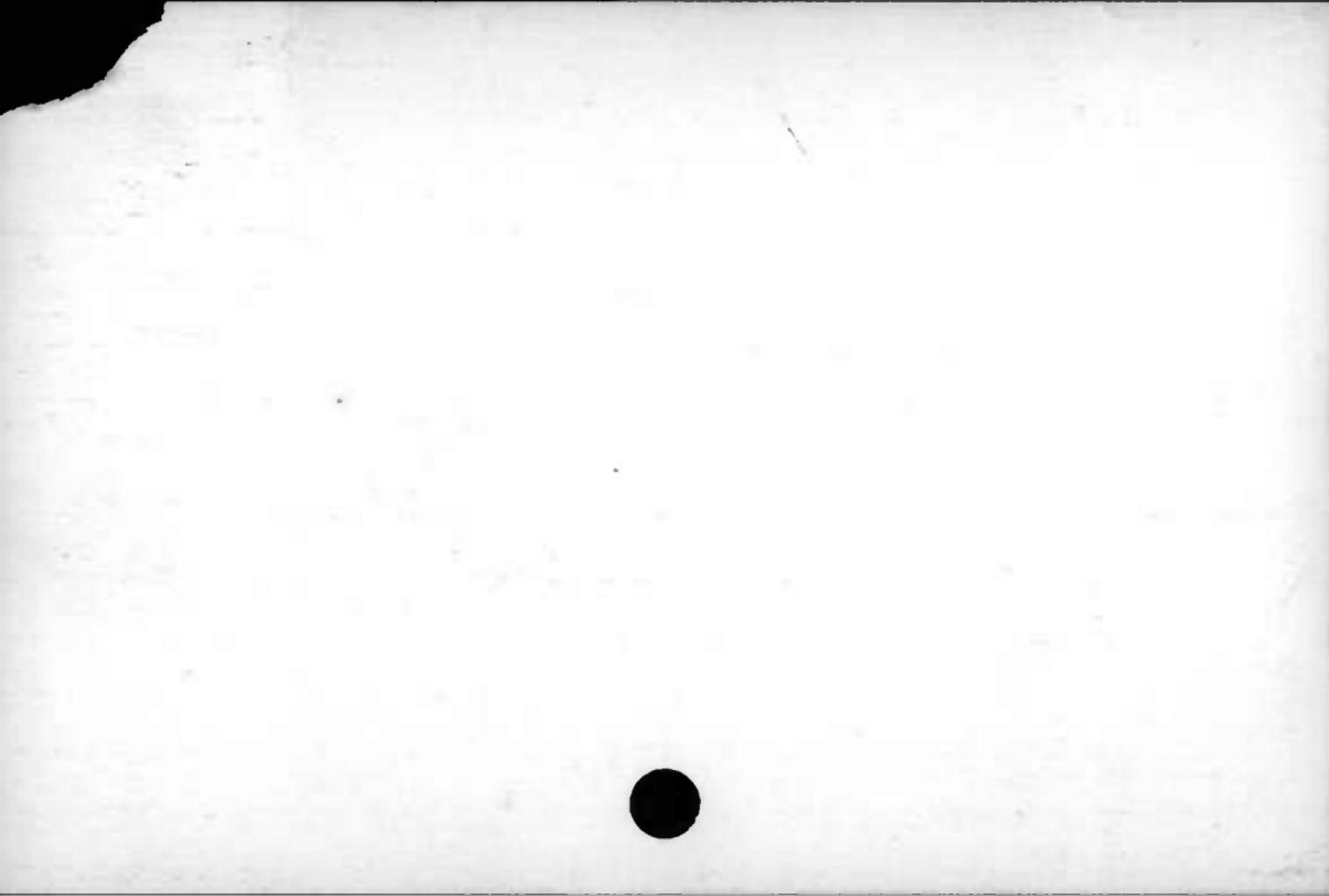
CERTIFICATE

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Trappe</i>	County <i>Talbot</i>	MARYLAND		
Date of death	Month <i>Feb 25</i>	Day <i>22</i>	Years <i>Age 87</i>	Months <i>3</i>	Days <i>—</i>
Sex	<i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Talbot</i>		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Chas R. Loraig</i>				
Father's Name	<i>James Bourie</i>				
Mother's Maiden Name	<i>Anna Taskin</i>				
Name of person giving information	<i>B. H. Loraig</i>				

CAUSES OF DEATH

Primary	Arterio Sclerosis	✓ 81	How long 5 yrs	
Immediate	Embolism (cerebral)		How long a few minutes	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician <i>Wm J. Seymour</i>		
Address	<i>Trappe Md.</i>			
Accident or Suicide?	No			



<i>Margaret Sikow</i>					
			Town <i>near Trappe</i>	County <i>Talbot</i>	MARYLAND
Died	Month <i>2</i>	Day <i>9</i>	Y. M. D. <i>35 - -</i>	Native of <i>Talbot Co</i>	Occupation <i>Housewife</i>
Date 1905	Male	Female	Age Married	Widow	Number of children living <i>8.</i>
Name of	<i>Thomas Sikow</i>				
Wife					
Father's Name	<i>Joseph Roberts</i>	Mother's Maiden Name <i>Hester Sorden</i>			
Cause of Death	Primary <i>Acute Phthisis.</i>	How long sick <i>2 months</i>			
Death	Immediate				Accident, Suicide, Homicide
Reported by	<i>Joseph A Ross. M.D.</i>				
Address	<i>Trappe Talbot Co Maryland</i>				

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

James E. Gossage

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Sailor Gossage				
Father's Name	Mrs. Gossage					Father's Birthplace
Mother's Maiden Name	Maria					Mother's Birthplace
Name of person giving Information	William Gossage					How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Ruptured blood vessel of brain	How long	Immediate
Immediate	Paralysis	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Julius A. Johnson
		Address	Easton - Md
Accident or Suicide?			

16 "

Name
in
Full

James Edward Harris

CERTIFICATE OF DEATH

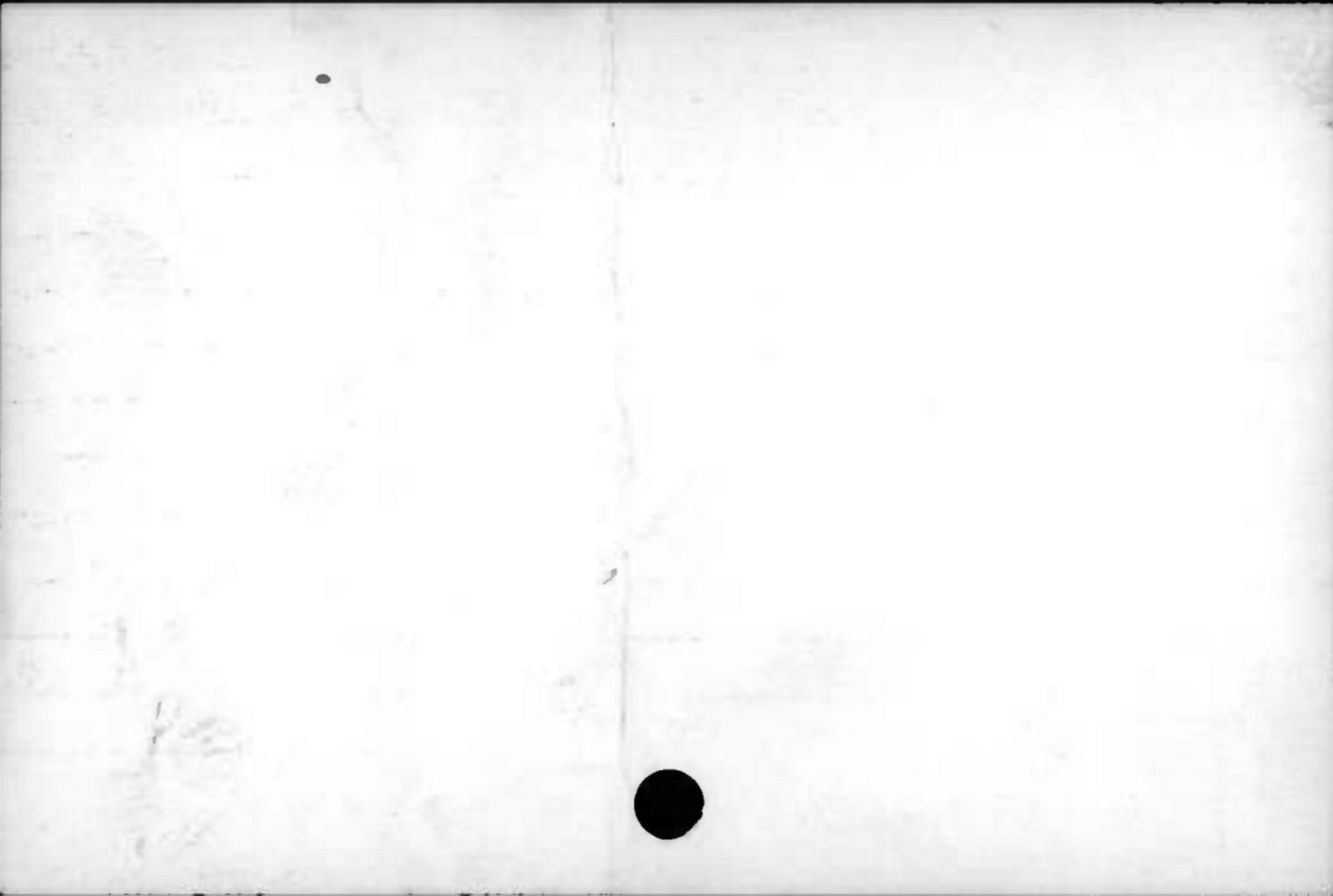
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND				
Died at	Easton Dist.	Talbot.					
Date of death	Month	Day	Years	Months	Days		
1905	July	27	Age 23	—	1		
Sex	Male	Color or Race	Negro	Birth-place	Talbot Co.		
Occupation	Where Residing if not at place of death						
Farmhand		Easton Dist.					
Married, Single or Widowed	Married	Name of Wife or Husband	Lizzie Berry				
Father's Name	Samuel Harris					Father's Birthplace	Talbot Co.
Mother's Maiden Name	Augusta Webb					Mother's Birthplace	Caroline Co.
Name of person giving Information	Damee Harris					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Tuberculosis	
	3	1 year.
Immediate	Heart failure	
	3	days.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	✓ Easton Md	



Name
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Full

James Jones

CERTIFICATE OF DEATH

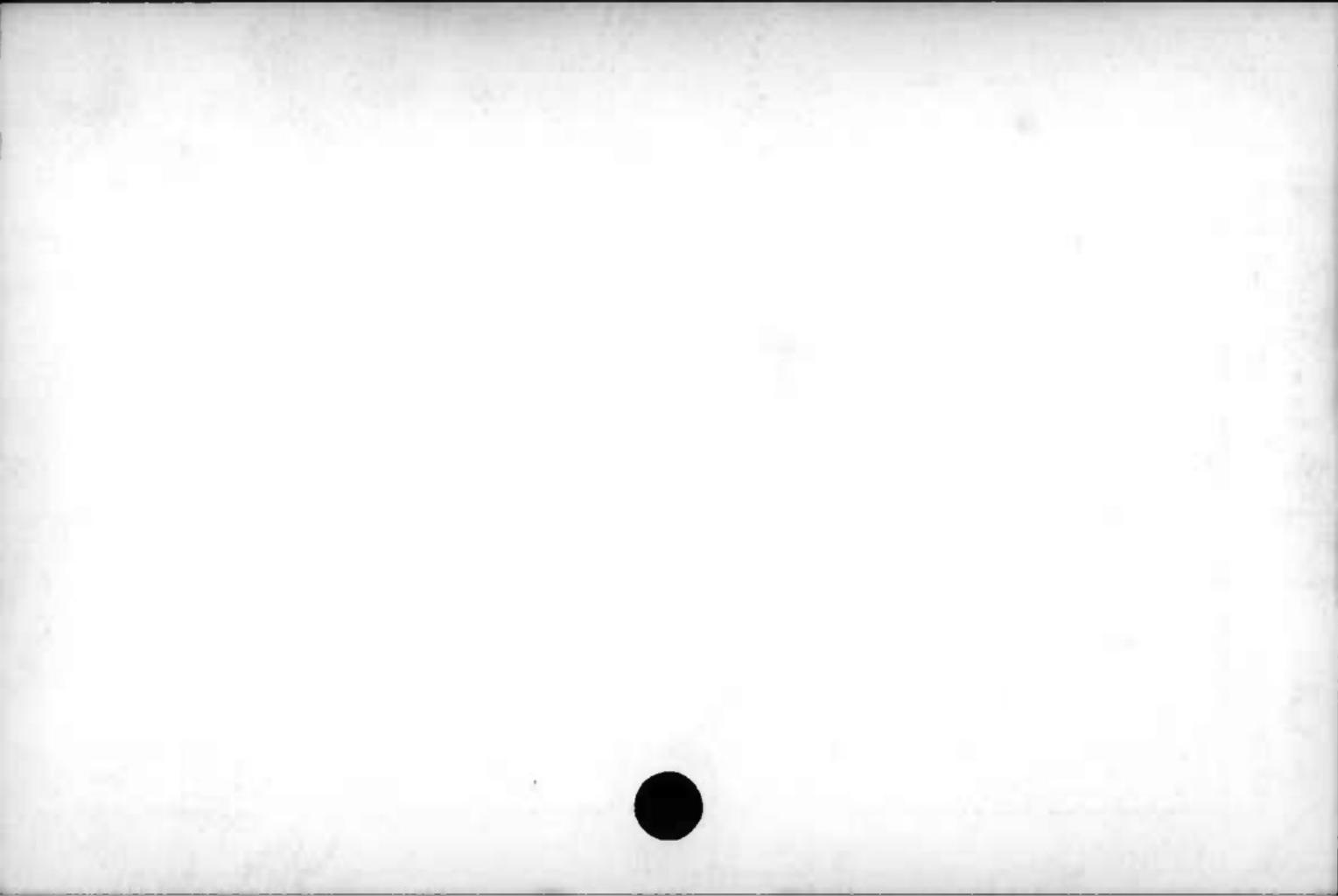
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month Feb	Day 20	Years 40	Months	Days
Sex Male	Color or Race Black	Birth-place Md			
Occupation Laborer	Where Residing if not at place of death X				
Married, Single or Widowed Married	Name of Wife or Husband Ausmaria Chase				
Father's Name John Jones	Father's Birthplace Virginia				
Mother's Maiden Name Hester Coursen	Mother's Birthplace Md				
Name of person giving information Paul Hazelton	How related to deceased not				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dropsy (General) ✓		How long Eight Mos
Immediate	Suffocation		How long after days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. R. Triple	Address Easton
Accident or Suicide?		Md	



Name
in
Full

Minnie Miller

2-4-77

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month Feb	Day 1	Age 45	Years	Months Days
Sex Female	Color or Race white	Birth-place Baltimore			
Married, Single or Widowed	Occupation Housekeeper				
Name of Wife or Husband					
Father's Name	John Rawson	Father's Birthplace	John Rawson		
Mother's Maiden Name	John Rawson	Mother's Birthplace	John Rawson		
Name of person giving Information	Thomas Gray.	How related to deceased	not at all		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	From a hurt received by carriage running over	How long	4 months
Immediate		How long	

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

no doctor
Gafford. M.D.

Accident or Suicide?



Name
in
Full

Alonzo Miles

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	July	15 th	Age 11	-	-
Sex	Man	Color or Race	Country	Birth-place	Oxford Md
Occupation	Where Residing if not at place of death		—		
Married, Single or Widowed	Sing	Name of Wife or Husband	—		
Father's Name	John Miles Jr.		Father's Birthplace	Md	
Mother's Maiden Name	Mary Ann Brinkley		Mother's Birthplace	Md	
Name of person giving information	John Miles Jr.		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	2 year
Immediate	Exacerbation		How long	2 to 3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Julius A. Sturm	
		Address	Easton	
Accident or Suicide?			Md	



Name
in
Full

Sarah Louisa Moore.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died near	Town <u>Trappe</u>	County <u>Talbot</u>	MARYLAND		
Date of death 1905	Month <u>8</u>	Day <u>27</u>	Age <u>68</u>	Years	Months <u>11</u> Days <u>10</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Occupation <u>Widow</u>	Birth-place <u>Talbot Co. Md.</u>		
Married, Single or Widowed <u>Aidant</u>					
Name of wife or Husband					
Father's Name <u>Peter Harrison Garthwaite</u>				Father's Birthplace <u>Stuyvesant Del</u>	
Mother's Maiden Name <u> </u>				Mother's Birthplace <u> </u>	
Name of person giving information <u>John Moore</u>				How related to deceased <u>Son</u>	

CAUSES OF DEATH

Primary

Bright's Disease
Uraemia.

How long

With known

Immediate

—
ye

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Joseph A Ross M.D.
Trappe, Talbot Co, Md.

Accident or Suicide?



Name
in
Full

William J. Perry

CERTIFICATE OF DEATH

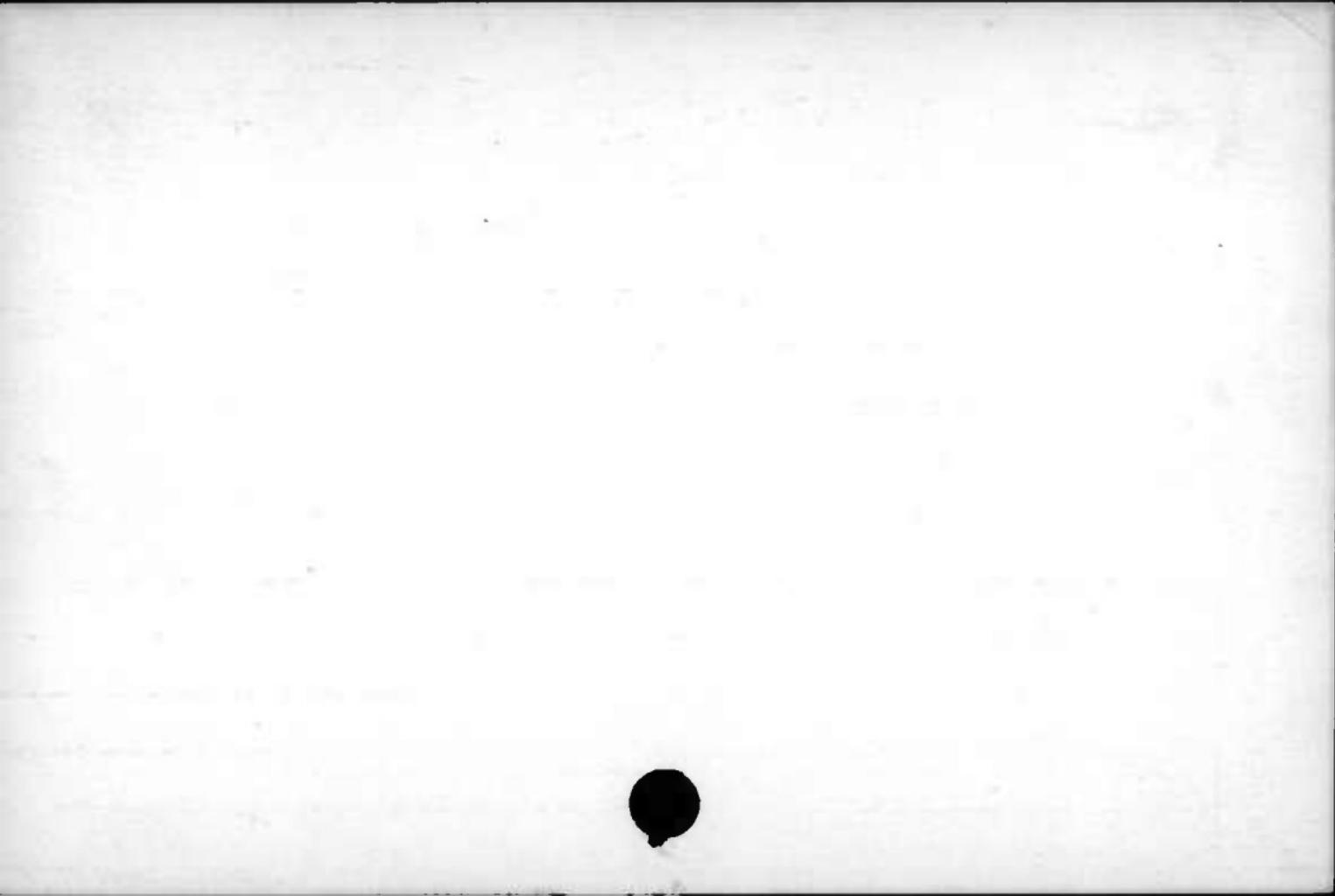
TO BE ANSWERED BY
NEAREST FRIEND

Town	Fallot -		
Died near Easton	Month	Day	Years
1905 - Feb	16	Age	48
Sex Male	Color or Race	white	
Occupation Farming	Where Residing if not at place of death at Home		
Married, Single or Widowed Married	Name of Wife or Husband	Georganna Perry	
Father's Name Nathaniel Perry	Father's Birthplace	Maryland	
Mother's Maiden Name Susan W. Carrion	Mother's Birthplace	Caroline Co. Md	
Name of person giving Information J. W. Perry	How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary La Grippe - Pneumonia	10	How long 13 days Grip. 4 days Pneumonia
Immediate Cerebral Embolism		How long 2 1/2 hrs
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Chas. T. Daidlow
		Address Easton Md
Accident or Suicide?		



Name
in
Full

Mrs Fannie Elizabeth Hood Rhode

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	41		
Occupation	Housewife		Where Residing if not at place of death	Place of death	
Married, Single or Widowed	Married	Name of Husband	Jaher & Rhode	Caroline Isd	
Father's Name	Henry Hood			Caroline Isd	
Mother's Maiden Name	Alice Slaughter			Salisbury	
Name of person giving information	Fannie M Rhode		How related to deceased	Sister-in-Law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Intestinal Hepatitis

How long

5 yrs

Immediate

Cirrhosis

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

My work race and culture
Cultured MD

Accident or Suicide?

no

25 an sv Joseph

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Baby John A Rhode

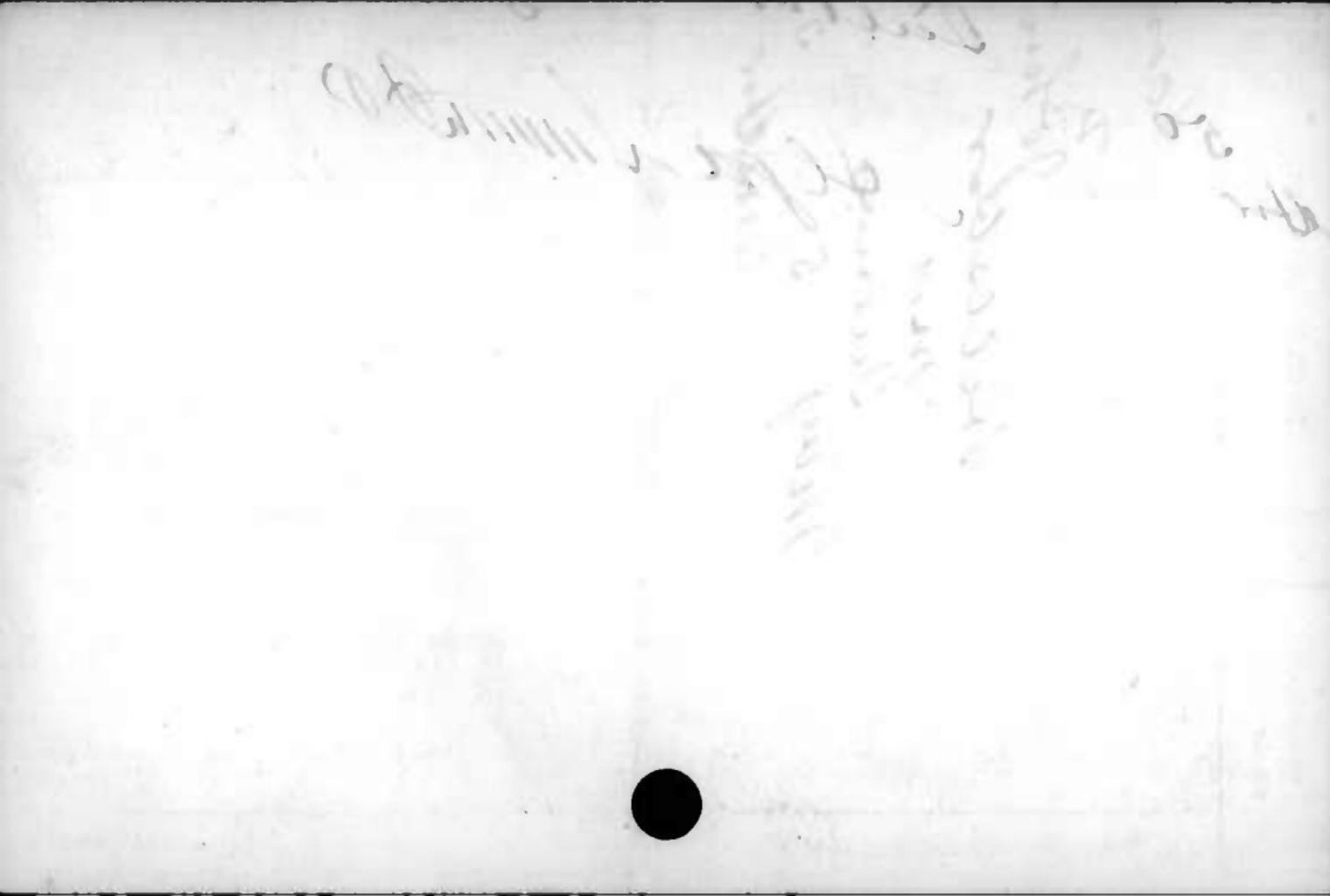
CERTIFICATE OF DEATH

MARYLAND

Died at Abinghby			Town	County		
Date of death	Month	Day	Years	Months	Days	
1905	2	3	Age	—	21	
Sex Female	Color or Race	White	Birth-place	Abinghby		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John A Rhode					
Mother's Maiden Name	Francis R. Wood					
Name of person giving information	Father					

CAUSES OF DEATH

Primary	Premature Birth	How long
Immediate	Asthenia	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		Address
Accident or Suicide?		Lobeyackettad Sueen Anne Mo.

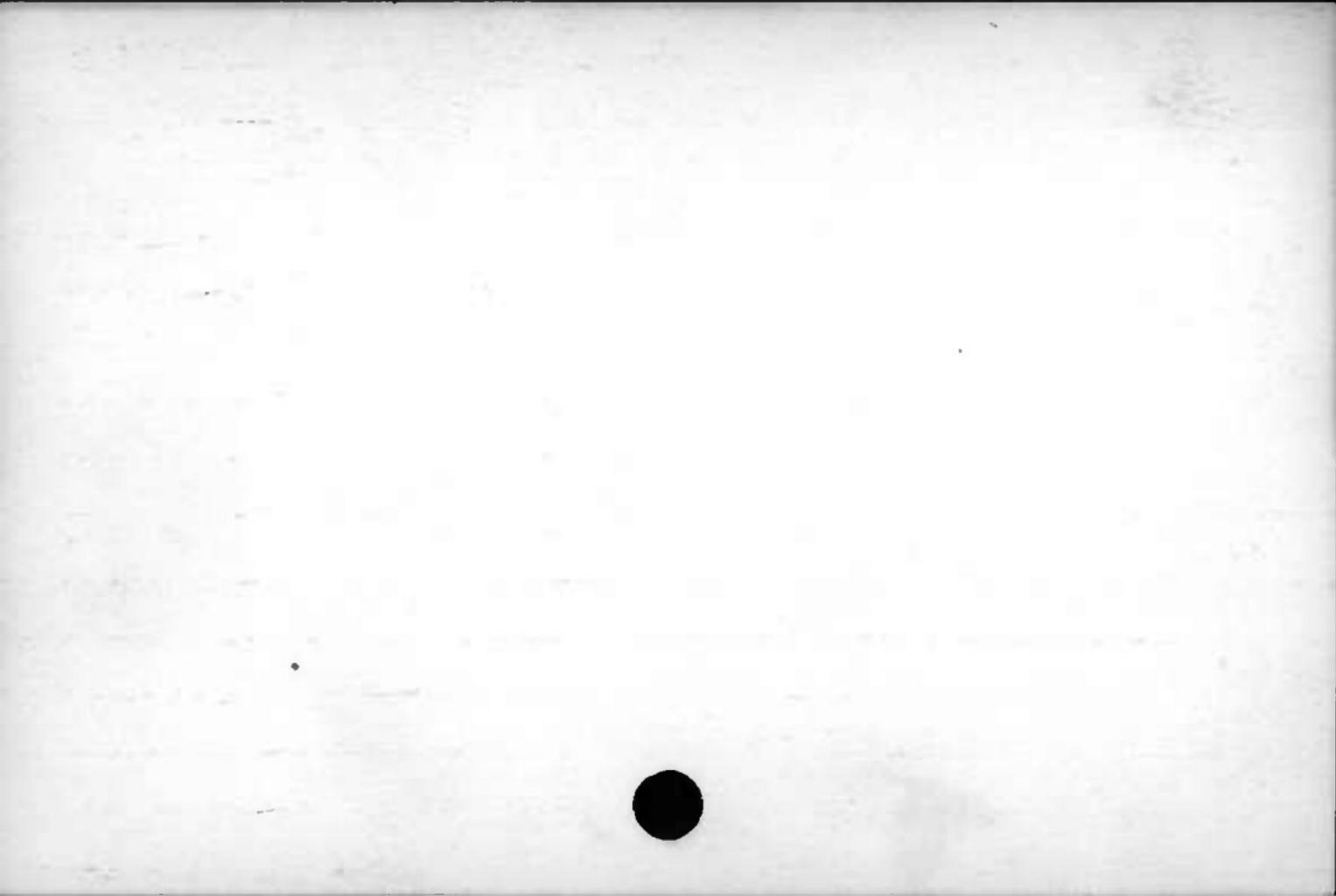


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Adelia J. Rae				CERTIFICATE OF DEATH				
Died at	Town <i>Trappe</i>	County <i>Carroll</i>	MARYLAND					
Date of death	Month <i>Feb.</i>	Day <i>24</i>	Years <i>46</i>	Months <i>5</i>	Days <i>24</i>			
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth- place	<i>Baltimore Md</i>			
Occupation	Where Residing if not at place of death							
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Robert Roe</i>					
Father's Name	<i>Samuel J. Ewell</i>			Father's Birthplace	<i>Gilford Va</i>			
Mother's Maiden Name	<i>Elizabeth J. Jefferson</i>			Mother's Birthplace	<i>Church Creek Md.</i>			
Name of person giving Information	<i>Robert Roe</i>			How related to deceased	<i>Husband</i>			
CAUSES OF DEATH								
Primary	<i>Neurasthenia</i>				How long	<i>6 mo</i>		
Immediate	<i>Acute Gastritis</i>				How long	<i>2 days</i>		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	<i>William J. Superior</i>			
				Address	<i>Trappe Md.</i>			
Accident or Suicide?				no				



Name in Full

Certificate of Death

Louise Taylor

Mc. Daniels

County

Falbott

MARYLAND

Died at

Town

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905

726, 8

Age - 15 -

Male

White

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

Husband of

Wife

Father's

Name

George Brown Taylor

Mother's

Maiden Name

M. Evelyn Dawson

Cause of

Primary

How long sick

Death

Immediate

Gastro Entero Colitis

105

2 days

Accident, Suicide, Homicide

Reported by

Dr. S. K. Wilson

Tisbury 916

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

George A young

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	talbot co	
Date of death	Month Day	Years	Months	Days
Sex	Color or Race	Age	36 1/2	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	single Robert young			
Mother's Maiden Name	Maryian Banks			
Name of person giving information	Oscar young			
CAUSES OF DEATH				

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

6 months

Immediate

Exhaustion

How long

✓

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Mr S. Seymour

Trappe Md.

Accident or Suicide?

✓

